



APPLICATION TYPE

☐ Annual Multi-Family Dwelling License

Date Submitted _____

PROPERTY OWNER / PROPERTY INFORMATION

Property Trade Name: _____ Total Number of Units: _____

Name of Designated Employee or Authorized Representative (to be assigned to respond to emergency conditions)

Property physical mailing address (not a P.O. Box):

Street _____ Suite _____

City _____, State _____, Zip Code _____ - _____

Office phone (____) _____ Mobile (____) _____, Email _____

FAX phone (____) _____ **24 Hour Emergency Contact Phone Number** (____) _____

Property Website: _____

Property Owner Name, Company, or Partnership: _____

Type of Business Entity Which Owns the Property _____

Physical mailing address (not a P.O. Box):

Designated Contact Person _____

Street _____ Suite _____

City _____, State _____, Zip Code _____ - _____

Office phone (____) _____ Mobile (____) _____, Email _____

FAX phone (____) _____

List all information of Property Manager, Resident Manager and or Resident Agent (If not one of above):

Physical mailing address (not a P.O. Box):

(1) Designated Contact Person _____

Street _____ Suite _____

City _____, State _____, Zip Code _____ - _____

Office phone (____) _____ Mobile (____) _____, Email _____

FAX phone (____) _____ Related Website(s) _____

(2) Designated Contact Person _____

Street _____ Suite _____

City _____, State _____, Zip Code _____ - _____

Office phone (____) _____ Mobile (____) _____, Email _____

FAX phone (____) _____ Related Website(s) _____

List all information of any and all Federal, State and Local funding agencies:

Physical mailing address (not a P.O. Box):

Designated Contact Person _____

Street _____ Suite _____

City _____, State _____, Zip Code _____ - _____

Office phone (____) _____ Mobile (____) _____, Email _____

FAX phone (____) _____ Related Website(s) _____

List all information of property Retail Electric Providers:

Physical mailing address (not a P.O. Box):

Designated Contact Person _____

Street _____ Suite _____

City _____, State _____, Zip Code _____ - _____

Office phone (____) _____ Mobile (____) _____, Email _____

FAX phone (____) _____ Related Website(s) _____

List all information of property Mortgage Lienholders (provide additional page if more than one):

Physical mailing address (not a P.O. Box):

Designated Contact Person _____

Street _____ Suite _____

City _____, State _____, Zip Code _____ - _____

Office phone (____) _____ Mobile (____) _____, Email _____

FAX phone (____) _____ Related Website(s) _____

PROPERTY INFORMATION

Provide accurate and complete counts of the following:

Total Number of Residential Buildings (not including separate laundry, postal, recreation, pool or office buildings) _____

Total Number of Residential Units by category:

Total Number of Non-Residential Buildings

Efficiency Apartments _____

Office or Information Center _____

One (1) Bedroom Apartments _____

Separate Laundry Building(s) _____

Two (2) Bedroom Apartments _____

Separate Postal (Mailbox) Building(s) _____

Three (3) Bedroom Apartments _____

Separate Recreation Building(s) _____

Greater than three (3) bedrooms _____

Separate Pool or Mechanical Building(s) _____

Total Number of Residential Units _____

Separate Storage Building(s) _____

Total Number of Non-Residential Buildings _____

I certify that the above information is correct and complete to the best of my knowledge and ability and that I am now or will be fully prepared to represent the above multi-family building or community. I acknowledge that I have received, reviewed and understand the requirements contained in Chapter 14 Building and Building Regulations, Article X Minimum Housing Standards of the Euless Code of Ordinances, and agree to abide by the policies and procedures contained within the ordinance as a condition to receiving and maintaining a license.

Signature:

Property Representative

Date

To Be Completed by City Staff:

Fee Paid \$ _____

Check No. _____

Date: _____

Receipt No. _____

Inspection Score: _____

Staff Initials _____

Tier Designation: _____